Project to Improve Independent Medical Examinations
For the State of Washington
Department of Labor and Industries

Chapter 2

Problem Statement

Downloadable Version, Part 1 of 6

Originally submitted as Deliverable 2

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Appendices appear in a separate accompanying volume

Executive Summary

This report is part of a larger study of best practices in independent medical examinations (IMEs) being conducted by MedFx LLC for the Washington State Department of Labor & Industries (L&I). The purpose of the larger study is to improve the quality of IMEs to better serve the injured worker, employer, attending physician, and L&I.

This report, Deliverable 2, presents an overall problem definition and analysis based largely on an assessment of the current IME process. The participants in the IME process include L&I, self-insured employers and their third-party administrators, a set of intermediary companies we call brokers or IME vendors, and independent physician examiners along with injured workers and their attending physicians.

Methodology Overview

MedFx assessed the IME process in Washington in four steps:

(1) We interviewed multiple stakeholders, both direct IME process participants and those who "own" or observe the process or rely on the information obtained from IMEs. The purpose of the stakeholder interviews was to gather information about the current process and perceptions of its purpose, strengths and shortcomings, and to develop specific questions for the following steps.

We then performed three studies on a subset of about 300 L&I open and closed claims with IMEs performed during the year 2000, drawn from a larger sample of 7112 cases involving soft tissue conditions of the low back, shoulder and wrist:

(2) A survey of the injured workers who had filed the claims. The survey included questions about the scheduling process, the examination process, and satisfaction and opinions about the IME process.

(3) A survey of the attending physicians of the injured workers who had filed the claims.
(4) A detailed audit of 284 IME reports obtained on the claims referenced above as well as a review of the letters requesting the exams.

Overview of Findings

Based on a wide-ranging literature review and industry survey of best practices as part of this study of quality in IMEs, Washington appears to stand out in the workers' compensation insurance field in three main ways:

A large number of IMEs. L&I obtained approximately 30,000 IMEs in calendar year 2000, with direct costs for exams of $17.5 million. Expressed as a percentage of total claims handled, this is proportionally much higher than the usage rate for comparison jurisdictions. The vast majority – estimated at 80% -- of these examinations are performed primarily to obtain ratings as part of the claims closure process. Other jurisdictions use other techniques for that purpose.

A heavy reliance on IME brokers. A group of intermediary companies that we call brokers or IME vendors handle many of the clinical and administrative tasks in the IME procurement process, and provide about 95% of IMEs for L&I. This situation is not common in other states or with other claims payers.

A large majority of panel exams. A panel IME consists of a single examination conducted and reported on by 2 or more examiners. The majority of L&I's IMEs -- about 65% -- are panel exams. The practice in Washington is for the IME brokers to arrange for the panel exams to be conducted in their examination facilities. Other states and payers tend to reserve the use of panel examinations to a very small number of very complex claims, and to conduct exams in physicians' offices.

Washington's problems with the IME process and the independent medical examinations and reports themselves do not seem unusual compared to existing national and industry practices. However, the level of detail or degree as discussed in the body of this report may be improved. There are many issues worthy of consideration. In particular, several factors in Washington combine to create powerful incentives for physician examiners to do as many IMEs with minimally acceptable quality as possible:

- the lack of any systematic performance tracking capability by L&I
- the absence of explicit performance and quality standards (and their enforcement by L&I)
- low net payments to examining physicians relative to the work required by regulation for IMEs.

To date, the IME process has in general not been subject to systematic study or comparative analysis virtually anywhere. (Our extensive search for formal best practices studies in this area confirmed the absence of published studies.) Because IMEs are thought of as a claims management tool rather than as part of the medical care process, they have thus far not been subject to healthcare quality management research and improvement efforts.

Process Summary

In brief, the current L&I IME procurement process consists of 10 major steps.

(1) An L&I claim manager decides to obtain an IME
(2) A claim manager composes an exam request letter using a standardized form and established content
(3) Letter and microfiche sent to scheduler
(4) An L&I scheduler arranges the exam
(5) Scheduler sends complete microfiche records to the IME broker or examiner
(6) The exam is conducted
(7) The IME report is prepared
(8) The claim manager receives the IME report

(9) The IME report is evaluated and a supplemental report is requested, if necessary
(10) The claim manager authorizes payment of the bill for the IME.

There are also 3 adjunct steps:
(11) L&I authorizes examiners
(12) The IME brokers schedule time with authorized physician examiners,
(13) L&I's quality assurance program responds to complaints about IMEs from injured workers.

There are specific problems occurring often enough at each of these steps to create opportunities for system-wide improvement. The details of those potential improvements appear in Deliverable 7 from this project. The net result is that the current multi-step and multi-participant IME procurement process:

- creates at least one problem for the majority of injured workers,
- fails to consistently deliver appropriate information to the examining doctor, and
- fails to consistently deliver high quality IME reports to the claim manager.

Legal Summary

A number of statutes and regulations form the legal framework for the performance and quality of independent medical examinations in Washington. The Director has broad authority to establish standards for the conduct of medical examinations. Pursuant to this Code provision, WAC 296-20-210 lists "…general rules establish[ing] a uniform standard for conducting examinations and submitting reports of examinations. These general rules must be followed by doctors who make examinations or evaluations of permanent bodily impairment." The administrative rule requires, for example, that only certain licensed practitioners can perform examinations.

The Department has the responsibility to monitor the quality and objectivity of medical examinations (RCW 51.32.114). This responsibility includes credentialing and implies affirmative review of reports as well as the IME process.

Inter-jurisdictional Comparisons of Reimbursement Fee Basis

Our review of the distribution of tasks and fees under the Washington system show that no other jurisdiction outsources the tasks associated with IME procurement and management to the extent accomplished in Washington. Comparative fee evaluations are of less value since they typically have not adjusted for the outsourced activities and thus have not accounted for the substantial differences between jurisdictions. We have identified the following nine component activities in the IME process that need to be accounted for in comparative fee evaluations:

(1) case analysis,
(2) scheduling,
(3) examiner recruiting,
(4) credentialing and training,
(5) organizing medical records,
(6) records review,
(7) the examination,
(8) the report on the examination, and
(9) quality management processes.

Some jurisdictions and fee systems separate the records review and report writing components by the IME physician. We believe, based on interviews with panel companies and claim managers, that approximately 50% of the fee paid to a panel company reaches the examining physician. The actual amount varies by specialty. This places the fee to the physician at a lower level than many jurisdictions or for other types of care.

Performance Evaluation Areas

Based on our understanding of the IME process, its perceived purpose and its shortcomings identified during the stakeholder interviews, we established 6 expectations for a "best practice" IME process. They are:

1. IMEs accurately and completely answer questions asked by the claim manager.
2. A reliable and consistent process exists for administering and obtaining high quality IMEs.
3. The injured worker is treated with dignity and respect.
4. Attending physicians find IMEs useful, accurate and credible.
5. IMEs are performed and reported in a manner consistent with L&I rules, regulations, and guidance.
6. IMEs are performed by a qualified, competent and credible pool of examiners.

These 6 expectations are listed below, each one compared with the pertinent findings about the current situation from the four steps: stakeholder interviews, the injured worker survey, the attending physician survey, and the IME report audit.

Expectation 1: IMEs accurately and completely answer questions asked by the claim manager.

Findings:

- IME request letters, as represented by the audit sample, are so standardized that they do not guide the examining physician to the key issues or concerns needing explication or resolution.
- The 80% of examinations requested in order to close a case asked for a large amount of unnecessary data. Questions about causation are generally asked long after the case has been accepted and causation is no longer at issue. Similarly, questions about the appropriateness of treatment and ability to work are asked

after the fact. These issues could have been quite important at early stages of the case, but have limited value at the end.

- IME reports (as represented by the audit sample) only partially answer the questions posed by claim managers. The accuracy of responses is quite variable. Opinions are most often presented without a clear explanation or rationale for recommendations, ratings and conclusions. There are also a substantial number of errors in calculation of impairment ratings.

Expectation 2: A reliable and consistent process exists for administering and obtaining IMEs.

Findings:

- Stakeholders interviewed did not complain about, nor did we observe, unreasonable delays or inefficiencies in requesting and obtaining IMEs. However, it is a slow process and we know from other feedback the Department has received that there is stakeholder concern about the timeliness of the cumulative process. The total median turnaround time from request to delivered IME in our audited sample was 57 days.
- We did note that most IME requests specified multiple examiners who specialize in various aspects of the injured body part, most often orthopedics and neurology. This practice is unique to Washington.
- Organized document sets (claim, medical and disability summaries, chronological and categorized medical records, imaging and electrophysiological studies, etc.) do not appear to be uniformly provided for examiners. The claims summaries should provide a focus for the examination and the report. Poor document sets mean that examiners cannot demonstrate that their opinions are grounded on a solid understanding of the facts, which weakens the reports.
- IME brokers are not consistently producing reports of uniform quality, nor does the examination process appear to be consistent.
- Quality management is limited to a response to complaints from injured workers.

Expectation 3: The injured worker is treated with dignity and respect.

Findings:

- In terms of overall satisfaction with the examination, about 72% of examinees surveyed felt that they experienced at least one problem during the examination.
- L&I schedules appointments unilaterally. The claimant is simply notified in a letter that could be construed as a "summons to appear." While about 75% of the injured workers surveyed felt that the time between scheduling the exam and the appointment date was reasonable, more than 1 out of 3 felt the examination process did not consider their needs.
- Approximately 90% of workers reported being treated well by medical office staff. About 75% felt that the IME doctor(s) treated them with dignity and respect leaving 25% who felt they were treated poorly. Almost 80% of respondents reported that the IME doctor was professional, and more than 20% felt their doctor was unprofessional. About 66% stated that they did not experience unnecessary discomfort during the exam, while 33% stated they did experience unnecessary discomfort during the exam.
- About 70% of injured workers thought the IME doctor was informed about their problem. More than 30% of injured workers stated that the IME doctor was somewhat uninformed or not at all informed about their work-related health problem and felt that the IME doctor(s) did not spend an adequate amount of time with them.
- More than 75% of examinees surveyed stated that the office or examination room did not meet their expectations of a professional medical office.
- We noted very few evaluations in our IME file audit that appeared to be unusually frequent or requested for inappropriate reasons, especially given the long length of time that many injured workers had been under treatment or out of work.

Expectation 4: Attending physicians find IMEs useful, accurate, and credible.

Findings:

- About 25% of attending physicians surveyed said they gained some new information or perspective from the IME.
- 75% of physicians surveyed said that they received copies of the IME reports. Of those that saw the findings, 75% said they agreed with them.
- 25% of attending physicians said that IMEs disrupted the timing of treatments for their patients.

Expectation 5: Independent Medical Examinations are consistent with L&I rules, regulations, and guidance.

Findings:

- Stakeholders did not report that L&I's expectations for IMEs are unclear. L&I has updated and improved its handbooks for attending physicians, chiropractic examiners, and independent medical evaluators.
- Stakeholders did not complain that IME providers fail to comply with the regulatory structure or guidance they had been given. However, the IME exams we audited were not consistent in form or extent of detail, and generally did not conform to the template IME provided by L&I, most particularly with respect to occupational disease evaluations and impairment ratings. Nor could we find any evidence of L&I enforcing any uniform standard for report structure or content.
- A number of data elements cited as best practices in our research are not presently required by L&I handbooks. Examples include positive identification of the examinee, attestation that the examiner has informed the injured worker of the nature and output of the exam, documenting the amount of time spent reviewing records and with the examinee, offering opinions as to the consistency and credibility of the examinee, matching abilities to essential job functions, analyzing work-relatedness, and clearly explaining the logic for recommendations, ratings and conclusions.

Expectation 6: IMEs are performed by a qualified, competent and credible pool of examiners.

Findings:

- Based on the poor results of the IME audit, it is clear that being a specialist in a particular body system does not correlate with the ability to produce excellent independent medical examinations or reports.
- In the examiner approval process, L&I requires each examiner to have some direct patient care and board certification in their area of medical specialty. Expertise in addressing many issues (causation evaluation, treatment assessment, return to work assessment, and impairment assessment) is not required either by L&I or by the IME brokers who provide most of the IMEs in Washington, nor is expertise, or certification in occupational health issues and independent medical evaluation required.
- The supply of good examiners is clearly inadequate for the current demand under the present system. More than 70% of attending physicians surveyed do not want to do impairment ratings on their own patients. Most practicing physicians do not view IME work as desirable due to the non-healing purpose, the low perceived value of the work, and low reimbursement.
- Some stakeholders suggested that IMEs in Washington might be biased towards employers. In the injured worker survey, however, about the same numbers of respondents reported that the doctor seemed to have a bias in favor of them as reported a bias in favor of L&I. Also, we found little or no evidence of overt bias in the IME reports we audited.
- L&I has attempted to remove a number of examiners from its Approved Examiners List based on worker complaints. These actions are time-consuming and appeals to the Board of Industrial Insurance Appeals are common.

Summary Conclusions

There are numerous opportunities for improving the IME process in Washington. There are specific problems occurring at each of these steps in the process so that it:

- creates at least one problem for the majority of injured workers,
- fails to consistently deliver appropriate materials to the examining doctor, and
- fails to consistently deliver high quality IME reports back to the claim manager.

Many of the specific issues raised are shared to varying degrees by many other jurisdictions and claims payers. Many potential improvements appear likely to cost reasonable amounts of money, time, and effort. They have significant benefit, and are, therefore, worthy of consideration. A subsequent phase of this project is identifying and prioritizing potential improvements.

Introduction

This is Deliverable 2 of the Project to Improve the Quality of Independent Medical Exams for the State of Washington Department of Labor and Industries. This report is a statement of the issues that result in IME's of less than optimal value to the system.

This deliverable provides the basis for a subsequent deliverable defining the options and recommendations for improving the quality of IME's. Note that the IME process is a complex one with many points at which problems of varying significance can occur. People can get through the system today with a reasonable outcome but there is a substantial likelihood that they will encounter some problem(s).

Deliverable 2 is based on 4 independent analyses:

- Stakeholder perceptions derived from interviews,
- Injured worker perceptions derived from telephone interviews,
- Attending physician perceptions derived from a written survey with limited follow-up interviews,
- An audit of selected IME reports and supporting documentation.

Boundaries of this study extend from when the request for an IME is made to when the IME report is delivered to L&I.

Our general approach was to identify and interview stakeholders to determine their perceptions of the system and the associated processes and the value- and quality-related issues. The perceptions were used to develop expectations about the performance of the "IME system." We then used survey research and report audits to:

- measure the performance of the system against the expectations,
- define and understand the issues, and
- gain insight into potential improvements.

This report is divided into four primary sections corresponding to the four independent analyses. In addition, appendices are included with the supporting tools used to develop the information reported, e.g. the stakeholder interview guide, the injured worker and attending physician survey instruments, the IME report audit tool, and the coded comments collected in the surveys. The appendices appear in a separate volume.

Prior to discussing the results of the four analyses, it is appropriate to consider the impact of the existing legal framework on the dimensions of the problem, the issues around inter-jurisdictional comparative financial data, and elapsed times for the IME process.

The Legal Context for IMEs in Washington

A number of statutes and regulations form the legal framework for the performance, content, and quality of independent medical examinations in Washington. There are also statutes and regulations pertaining to medical services and medical records in general, as well as fees. Our legal analysis indicates that these provisions are not dramatically different from those of other states.

Are IMEs Required?

Permissive language in the Washington workers' compensation statutes allows, but does not mandate, the Department or a self-insured employer to require an injured worker to undergo an independent (special) medical examination (RCW 51.32.055(4)).[1] Once the Department has requested an examination or evaluation, the worker has an affirmative

[1] "The department or, in cases authorized in subsection (9) of this section, the self-insurer *may* require that the worker present himself or herself for a special medical examination by a physician or physicians selected by the department, and the department or, in cases authorized in subsection (9) of this section, the self-insurer may require that the worker present himself or herself for a personal interview."

duty to appear for the evaluation (RCW 51.32.110),[2] (RCW 51.36.070).[3]

Where a dispute arises from the handling of any claim before the condition of the injured worker becomes fixed, the worker, employer, or self-insurer may request the department to resolve the dispute or the director may initiate an inquiry on his or her own motion.

WAC 296-14-400 states that case closure on a medical basis requires advice from a health professional, but does not state that an independent or special examination is required.[4]

WAC 296-23-255 contains a list of reasons why IMEs may be requested by the Department, self-insurers, or attending physicians. It includes establishing a diagnosis where the prior diagnoses were ill-defined or controversial; outlining a treatment program if treatment or progress is controversial; establishing causation; determining aggravation of a pre-existing condition; to determine MMI; to rate permanent impairment; and to determine the basis for reopening a case. Other than determining MMI and ratings, the reasons for obtaining IMEs appear to be related to controversial or unclear prior information.

[2] "Any worker entitled to receive any benefits or claiming such under this title shall, if requested by the department or self insurer, submit him or herself for medical examination, at a time and from time to time, at a place reasonably convenient for the worker and as may be provided by the rules of the department."

[3] "Whenever the director or the self-insurer deems it necessary in order to resolve any medical issue, a worker shall submit to examination by a physician or physicians selected by the director, with the rendition of a report to the person ordering the examination."

[4] "In order to support a final closure based on medical recommendation or advice the claim file must contain documented information from a doctor, or nurse consultant (departmental) or nurse practitioner supervised by a doctor. The doctor or nurse practitioner may be in private practice, acting as a member of a consultation group, employed by a firm, corporation, or state agency. For the purpose of this section, a "doctor" is defined in WAC 296-20-01002."

Obtaining Medical Information from Attending Physicians

Physicians examining or attending injured workers must comply with requests for information from the Department (RCW 51.36.060).[5] There is no provision in law for attending physicians to simply decide not to comply with information requests, including statements of condition, impairment, or need for further treatment.

WAC 296-20-200 simply states that evaluation of bodily impairment requires expertise and authorization by the department, but does not state how that expertise will be verified. It does not bar attending physicians from performing rating examinations. Later, WAC 296-23-265 states that physicians wishing to perform IMEs must be "approved examiners." A subsequent permissive WAC (296-23-267) states that attending doctors may perform impairment rating examinations for workers under their care if properly licensed. They must be available to testify and accept the fee schedule.

Obtaining IMEs

If IMEs become necessary, there are several possible ways to secure special medical examinations. RCW 51.32.055 allows the Director to establish a medical bureau within the Department to evaluate impairment and other matters.[6] Alternatively, the Department may contract directly for IMEs as long as access is preserved (RCW 51.04.030).[7] Finally and most commonly, the Department can reimburse approved examiners on a case-by-case basis under the fee schedule.

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[5] "Physicians examining or attending injured workers under this title shall comply with rules and regulations adopted by the director, and shall make such reports as may be requested by the department or self-insurer upon the condition or treatment of any such worker, or upon any other matters concerning such workers in their care."

[6] "The director may establish a medical bureau within the department to perform medical examinations under this section. Physicians hired or retained for this purpose shall be grounded in industrial medicine and in the assessment of industrial physical impairment."

[7] "The Director shall supervise….AND PROVIDED FURTHER, That the department may enter into contracts for goods and services including, but not limited to, durable medical equipment so long as state-wide access to quality service is maintained for injured workers."

Conduct and Content of IMEs

According to a state Attorney General's opinion, the Director has broad authority to establish standards for the conduct of medical examinations (RCW 51.32.112 (1)).[8] Pursuant to this Code provision, WAC 296-20-210 lists "…general rules establish[ing] a uniform standard for conducting examinations and submitting reports of examinations. These general rules must be followed by doctors who make examinations or evaluations of permanent bodily impairment." The administrative rule requires, for example, that only certain licensed practitioners can perform examinations.[9]

This WAC also contains a list of contents for IMEs.[10] The list includes the complete history of past injuries and diseases; the complaints; the age, sex, height and weight; x-ray findings and diagnostic tests made or reviewed in connection with the examination; the diagnosis; and all findings, including negative findings. Interestingly, it does not include the mechanism of illness or injury, an occupational history, job descriptions,

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[8] Opinion 94-18. RCW 51.32.112 states that "The department shall develop standards for the conduct of special medical examinations to determine permanent disabilities, including, but not limited to:
(a) The qualifications of persons conducting the examinations;
(b) The criteria for conducting the examinations, including guidelines for the appropriate treatment of injured workers during the examination; and
(c) The content of examination reports."

[9] "(1) Examinations for the determination of the extent of permanent bodily impairment shall be made only by doctors currently licensed in medicine and surgery (including osteopathic and podiatric) or dentistry, and department-approved chiropractors. A chiropractic evaluation of permanent impairment may be performed only where the worker has been clinically managed by a chiropractor."

[10] "(2) Whenever an examination is made, the examiner shall record, among other pertinent information, the complete history as obtained from the person examined; the complete history of past injuries and diseases; the complaints; the age, sex, height and weight; x-ray findings and diagnostic tests made or reviewed in connection with the examination; the diagnosis; and all findings, including negative findings, in all bodily areas and systems where a detailed review of systems reveals past or present complaints. The examiner shall record his conclusions as to: Whether the residuals of the injury are fixed; whether treatment is required for the injury and, if so, any treatment shall be described. If the examiner finds residuals of the injury are fixed, he shall record the appropriate category or categories of permanent impairment for diagnoses attributable to the industrial injury or occupational disease. Conditions or impairments not attributable to the industrial injury or occupational disease shall be described and diagnosed in the report, with a description of how they affect the person examined and the appropriate category of permanent impairment where possible."

causality analysis, explicit requirements for a records review, or a requirement to explain the logic of recommendations, ratings, or conclusions.

However, a later WAC, 296-23-260, lists required content for IME reports. This list does call for a detailed chronology of the injury, the mechanism, past studies and treatments. It also includes causality, all diagnoses (sorted into categories), answers to questions, conclusions, and a summary of the objective findings supporting the conclusions. The requirement to explain the logic of recommendations, ratings, or conclusions is still missing, although it could be implied from the requirement for a summary. There appears to be no specific requirement for the critical analysis of prior diagnoses, tests, treatment or absence from work.

WAC 296-20-200 mandates the use of the category rating system for bodily impairment. WAC 296-20-220 describes this system, which is unique to Washington.

Quality Management

The Department has the responsibility to monitor the quality and objectivity of medical examinations (RCW 51.32.114).[11] This responsibility includes credentialing and implies affirmative review of reports as well as the IME process.

Comparing Relative Rates of Reimbursement for IMEs

Washington has a unique system and approach that does not lend itself to direct comparison with other jurisdictions. If one asks the question, "Do L&I's current purchasing methods through panels affect the quality of independent medical examinations and reports?" then the answer is yes. The answer, however, has several

[11] The department shall examine the credentials of persons conducting special medical examinations and shall monitor the quality and objectivity of examinations and reports for the department and self-insured claimants. The department shall adopt rules to ensure that examinations are performed only by qualified persons meeting department standards.

components. Most exams provided under the system are billed through panels. We estimate that about 50% to 60% of the fee paid to the panel actually gets to the physician providing the service. If one compares the aggregate fee paid by Washington to what is paid in California or jurisdictions such as Minnesota or West Virginia, then it appears to be consistent. Most other states either use a "by report" approach to determine the fee that is equivalent to a prevailing charge schedule, or have a more limited set of well-defined transactions fees committed to a schedule. But if one looks at the fee that actually gets to the physician, then one would conclude that the fee is significantly less than that paid in other jurisdictions.

Assessing the relationship of reimbursement to quality is problematic. We expect that examining physicians would spend less time on examinations and reports, in response to perceived low reimbursement. We base this expectation on surveys we conducted, discussions with various IME brokers, and our audits of the IME reports. We did not, however, validate this expectation objectively.

If one asks the question, "Do L&I's purchasing methods assure access to qualified examiners?" then we would answer with a qualified yes. A simple analysis would lead to the conclusion that L&I's reimbursement methods generally provide appropriate incentives for cost-effectiveness and that current payments are not overly generous. The more complex analysis indicates that the systemic problems are not simply related to reimbursement mechanisms; they are structural.

A fundamental issue is that L&I is the only organization we could find that effectively outsources such a significant portion of the IME process. We have identified nine separate components that need to be accounted for in considering relative fee bases and costs to L&I as an organization:

(1) case analysis,
(2) scheduling,
(3) examiner recruiting,
(4) credentialing and training,

(5) organizing the medical records,

(6) records review,

(7) the examination,

(8) the report on the examination, and

(9) quality management processes.

Our audit of reports and the related payments for the exams conducted showed a significant rate of miscoding of services. This might be related to the complexity of the current fee schedule and/or misinterpretations of the billing instructions in the IME request letter.

The distribution of charges and payments by exam component and type for calendar year 2000 is displayed in the following table:

Calendar Year 2000 Payment Data	Charged	Paid	Transaction Count	Average Payment
Microfiche	$1,272,717	$1,089,556	30091	$36.21
Sub-total	$1,272,717	$1,089,556	30091	$36.21
IME_Limited_Single	$139,642	$132,342	728	$181.79
IME_Standard_Single	$2,185,911	$1,897,805	6929	$273.89
IME_Complex_Single	$2,072,706	$1,804,336	4748	$380.02
IME_2_Examiners	$7,697,022	$6,668,573	12570	$530.51
IME_3_Examiners	$2,764,606	$2,233,913	2851	$783.55
IME_Psychiatrist	$2,217,610	$2,048,206	3845	$532.69
IME_Complex_Fee_per_examiner	$3,073,429	$2,721,385	4784	$568.85
Sub-total	$20,150,928	$17,506,561	36455	$480.22
No shows	$1,524,194	$1,271,879	5720	$222.36
Sub-total	$1,524,194	$1,271,879	5720	$222.36
Other/Miscellaneous	$1,068,998	$861,293	7246	$118.86
Sub-total	$1,068,998	$861,293	7246	$118.86
Grand Total	$24,016,837	$20,729,289		

The "Other/Miscellaneous" category shown in the table above includes report addenda, charges for additional examiners not allocated elsewhere, unanticipated complexities that arise in the IME process, as well as pain management ratings, L&I discretionary payments, occupational disease histories and unclassified miscellaneous expenses. The

report addenda, additional examiners and unanticipated complexities account for $754,000, or 71%, of the miscellaneous charges.

Elapsed Times for the IME Process

We conducted an analysis of the elapsed time for the various components of the IME exam process. We identified three distinct phases for which data were available: the elapsed time between the time the request was made by a claim manager and the letter was sent to the claimant by the scheduler; the time between the scheduler sending the letter to the claimant and the IME being performed; and time between the IME being performed and the results being returned to L&I.

The table below displays the results of the analysis:

Phase of Claim	Median Elapsed Time (days)	Average Elapsed Time (days)
Request to scheduled	9	18
Scheduled to performed	26	56
Performed to results returned	17	22
Total elapsed time	57	87

We conclude the current process affords the opportunity for improvement, particularly in reducing the difference between the median and average times, as well as the absolute time required for each of the steps.